

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002983

AMENDED

Registration District No. 273Primary Registration District No. 3051Registrar's No. 8

STATE FILE NUMBER

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>PERRY</u> HOSPITAL OR INSTITUTION <u>COUNTY MEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>208 BLAIN STREET</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHRISTIANO GREGORY CABRAL</u>		4. DATE OF DEATH Month Day Year <u>JANUARY 19 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-2-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER MISSISSIPPI LIME</u>		11. BIRTHPLACE (City and state or country) <u>PORTUGAL</u>	
13a. FATHER'S NAME <u>MARIANO CABRAL</u>		14. NAME OF HUSBAND OR WIFE <u>CHRISTINE CABRAL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>		17. INFORMANT Address <u>MRS. CHRISTINE CABRAL, STE. GENEVIEVE, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>POST SURGICAL PULMONARY EMBOLUS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ADENOCARCINOMA STOMACH & LIVER METASTASIS</u>		DUE TO (c) <u>3 mos</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholelithic imbalance Secondary to GASTRECTOMY</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:50 A.M.</u> a.m., p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-11-59</u> to <u>1-19-62</u> and last saw him alive on <u>1-18-62</u> Death occurred at <u>2:50 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G N De Sena MD</u>		22b. ADDRESS <u>Ste Genevieve, Mo</u>	22c. DATE SIGNED <u>1-19-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-21-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CRESTLAWN</u>	23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>JEROME H. STANTON, STE. GENEVIEVE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>1-21-62</u> 26. REGISTRAR'S SIGNATURE <u>Joe J Zollner</u>	

(Licensed Embalmer's Statement on Reverse Side)

12M 97 1962
FEB 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Jeanne L. Santa*

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.